



U.S. Department of Transportation

National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 73 CASE NO. 199A TYPE OF ACCIDENT car-semi broadside

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers: Use reverse side if needed.)

Vehicle #1 was traveling west on a two lane state highway. Vehicle #2 was traveling north on a four lane divided highway. Vehicle #1 entered the intersection preparing to turn left when vehicle #2 struck it broadside in the drivers side. Vehicle #1 was pushed into the south-bound left turn lane facing south. Both vehicles were towed. Driver of vehicle #1 was killed. Passenger hospitalized.

B. VEHICLE PROFILE(S)					
	Class		Most Seve	ere Damage	
Vehicle No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure
01	full size	1992 Mercury Grand Marquis	left	unknown	unknown
32	semi-tractor with trailer	1991 White Freightl: Conventional		unknown	unknown
·					

	C. PERSON PROFILE(S)								
Vehicle	Person	Seat	Restraint Most Severe				re Injury		
No.	Role	Position	Use	Body Region	Lesion	AIS	Injury Source		
01	driver	left front	lap&shoulde	r					
			with airbag		unknown	7	unknown		
01	passenger	right front	lap&shoulde	r back	fracture	2	force		

DO NOT SANITIZE THIS FORM

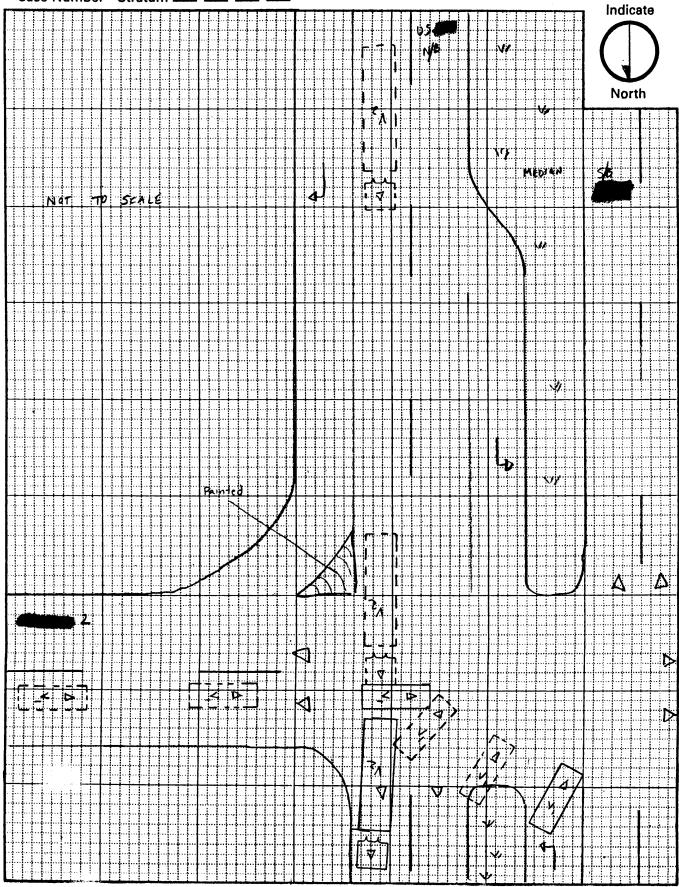


U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT COLLISION DIAGRAM

PSU No. _ 1 _ 3 _ A _ A _ A



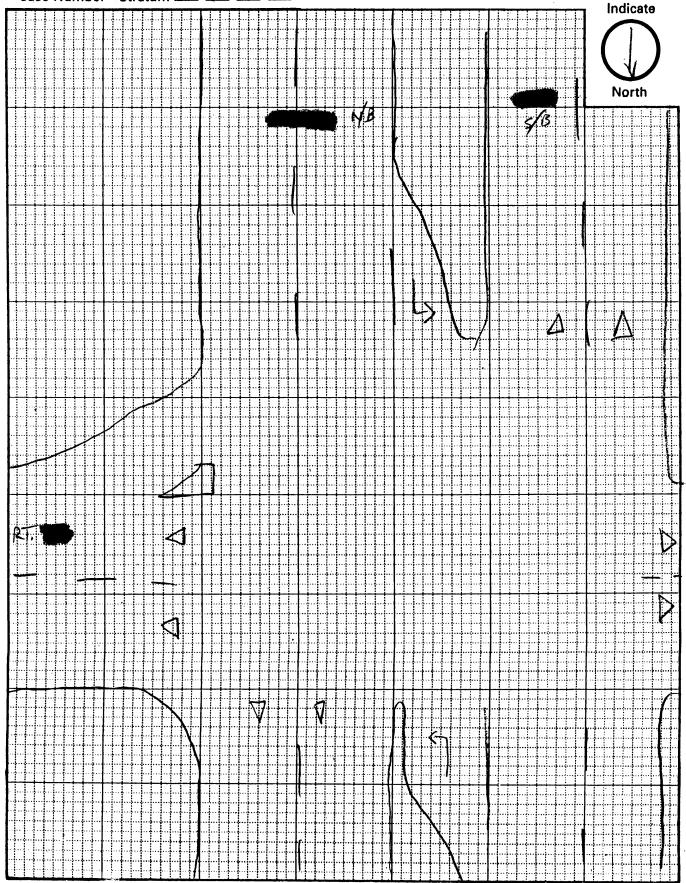


U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT COLLISION DIAGRAM

Case Number-Stratum 1 9 9 A





ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 7	3	Case N	lumber — Str	atum 1 9 9 1
LEVEL I PHYSICAL EVIDENCE ABSENT To be accomplished when there is no physical evidence present at the scene: approximate vehicle orientation at impact and final rest applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) applicable traffic controls (e.g., speed limit) north errow pisced on diagram sketch required LEVEL II PHYSICAL EVIDENCE PRESENT In addition to the level I tasks noted above, the following must be accomplished when	physical evidence document reference in relative to at the scene scale document induced physical cobjects contact roadway surface applicable roadways and initiation scaled represerve pre-impact, impurpon either: a) physical	rence point and reference physical features present station of all accident sal evidence entation of all roadside ted	Heading Ang Surface Type Surface Condition Grade (v/h) Measuremen (between imand final rest Grade (v/h) Measuremen (at location crollover initia	Asphalt Word level
Reference Point: Mone		Reference line:	non	٤
ltem		Distance and Directory from Reference Po		Distance and Direction from Reference Line
hone				

Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

	7 2
1. Primary Sampling Unit Number	73

2. Case Number - Stratum

199A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted

92

4. Date of Accident (Month, Day, Year)

/ 9 2

5. Time of Accident

<u>Ø 5 2 Ø</u>

Code reported military time of accident.

NOTE: Midnight = 2400 Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (/) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___SS12 Not Active

0

7. SS13 Not Active

0

8. ___SS14 Fatal AOPS

- 1

9. ____SS15

Ø

10. ____SS16

Ø

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident

ØI

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>Ø</u> <u>l</u>	14. <u>ø 4</u>	15. <u>L</u>	16. <u>Ø</u> <u>2</u>	17. 2 4	18. <u>F</u>
19. <u>0 2</u>	20	21	22	23	24	25
26. <u>0</u> <u>3</u>	27	28	29	30	31	32
33. <u>0 4</u>	34	35	36	37	38	39
40. <u>0</u> <u>5</u>	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 104 inches)
- (03) Intermediate (wheelbase = 105 109 inches)
- (04) Full size (wheelbase = 110 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
 - (76) Animal
 - (77) Train
 - (78) Trailer, disconnected in transport
 - (88) Other nonfixed object (specify):
 - (89) Unknown nonfixed object
 - (98) Other event (specify):
 - (99) Unknown event or object

	OCCUPANT RELATED	24.	Rollover <u>Ø</u>
	Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown		(0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): (5) Rolloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
18.	Number of Occupant Forms Submitted <u>Ø</u> <u>Z</u>		OVERRIDE/UNDERRIDE (THIS VEHICLE)
	VEHICLE WEIGHT ITEMS		OVERNIDE/ONDERNIDE (THIS VEHICLE)
19.	Vehicle Curb Weight		Front Override/Underride (this Vehicle) Rear Override/Underride (this Vehicle)
	100 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown		(0) No override/underride, or not an end-to-end impact
	Source:		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC
	Vehicle Cargo Weight		(3) Other not automated CDC (specify):
	(00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown		Underride (see specific CDC)(4) 1st CDC(5) 2nd CDC(6) Other not automated CDC (specify):
	RECONSTRUCTION DATA		
21.	Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit		(7) Medium/heavy truck or bus override (9) Unknown
	(9) Unknown		HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22.	Documentation of Trajectory Data for This Vehicle (0) No (1) Yes		Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
23.	Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with	İ	. Heading Angle For This Vehicle 2 6 Ø . Heading Angle For Other Vehicle Ø Ø Ø
	tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):	20.	Treading Angle For Other Verlicie V V V V
	(9) Unknown		

Cate- gory	Configur- ation	ACCIDENT TYPES (Inclu	ides Intent)		
	A. Right Roadside Departure		VOID COLLISION S	D4 SPECIFICS OTHER	06 8PECIFICS UNKNOWN
I. Single Driver	B. Left Roadside Departure		VOID COLLISION	09 BPECIFICS DTHER	10 SPECIFICS UNKNOWN
-	C. Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ANIMAL	END 8	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
licway ction	D Rear-End	21	FCEL. 31 s	EACH • 32) PECIFICS	(EACH • 33) SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	E Forward Impact	34 36 36 37 38 CONTROL/ CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH.	2 39	41	2)(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	46 45 45 47	(EACH • 48) SPECIFICS OTHER	(EACH SPECIFIC	• 49) s unknown
ay tton	G Head-On	50 51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
Same Trafficway Opposite Direction	H Forward Impact	CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH.	- 55	61	S2)(EACH • 63) SPECIFICS UNKNOWN
E	I. Sideswipe/ Angle	65 (EACH • 66) SPECIFICS LATERAL MOVE OTHER	(EACH • 67) SPECIFICS UNKNOWN		
Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE INITIAL SAME DIRECTION		(EACH • 74 SPECIFICS OTHER	SPECIFICS UNKNOWN
IV. Change Vehicle	K. Turn Into Path	76 /78 /80	83 82 OPPOSITE DIRECTIONS	(EACH • 8	8) (EACH • 85) 8PECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	85 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91 SPECIFICS L	
VI. Miscel- lancous	M. Backing Etc.	92 93 OTHER VEH. OR OBJECT BACKING VEH.	96 Other Accident 99 Unknown Acci 00 No Impact		

\\\ Page !

OTHER DATA	61. Rollover Initiation Object Contacted Ø Ø
56. Driver's Zip Code	<u></u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Hearse	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(/) Hearse (8) Fire truck or car	PRECRASH DATA
(O) FRE HUCK OF CAF	
(9) Unknown	64. Pre-Event Movement (Prior to
	Recognition of Critical Event)
(9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	Recognition of Critical Event) (O1) Going straight (O2) Slowing or stopping in traffic lane (O3) Starting in traffic lane (O4) Stopped in traffic lane (O5) Passing or overtaking another vehicle
(9) Unknown ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.	Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
,	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
,00,000	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	(ee, eme mee esjeet (epeeny).
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	100, 0
(· · / Embariament	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
(10) broakaway polo or post (any diameter)	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 4 inches in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 4 inches but ≤ 12 inches in	(88) Other nonfixed object (specify):
diameter)	(00) Other normixed object (specify).
(52) Pole or post (> 12 inches in diameter)	(89) Unknown nonfixed object
(53) Pole or post (diameter unknown)	(00) Onkhown homized object
(00) Tolo of post (diameter dischovin)	(98) Other event (specify):
(54) Concrete traffic barrier	(50) Other event (specify).
(55) Impact attenuator	(99) Unknown event or object
(56) Other traffic barrier (includes guardrail)	100/ Chichothi event of object
(specify):	
(opoon 77.	

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

73 199A 01

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[] Entire Form

PAGE NUMBER (S) /- 3

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

13 199A 01

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

[] PAGE NUMBER (S)

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form Page 3

26. Seat Type (this Occupant Position)

9 9 30. Child Safety Seat Orientation

	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket	30. Child Safety Seat Orientation (00) No child safety seat
	(02) Bucket with folding back (03) Bench (04) Bench with separate back cushions	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing
	(05) Bench with folding back(s) (06) Split bench with separate back cushions	(08) Other orientation (specify):
	(07) Split bench with folding back(s) (08) Pedestal (i.e., column supported)	(09) Unknown orientation
	(09) Other seat type (specify):	Designed For Forward Facing for This Age/Weight (11) Rear facing
	(10) Box mounted seat (i.e., van type) (99) Unknown	(12) Forward facing(18) Other orientation (specify):
27.	Seat Performance (this Occupant Position)	(19) Unknown orientation
	(0) Occupant not seated or no seat(1) No seat performance failure(s)(2) Seat adjusters failed	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing
	 (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant 	(22) Forward facing (28) Other orientation (specify):
	(6) Deformed by passenger compartment intrusion (specify):	(29) Unknown orientation
		(99) Unknown if child safety seat used
	(7) Combination of above (specify):	31. Child Safety Seat Harness Usage Ø Ø
	(8) Other (specify): (9) Unknown	32. Child Safety Seat Shield Usage Ø Ø
	(a) Chalowii	33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33.
	CHILD SAFETY SEAT	(00) No child safety seat
28.	Child Safety Seat Make/Model Ø Ø Ø (000) No child safety seat Applicable codes are found in your NASS CDS	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used
	Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	(02) After market harness/shield/tether used (03) Child safety seat used, but no after market
	(998) Unknown make/model (999) Unknown if child safety seat used	harness/shield/tether added (09) Unknown if harness/shield/tether added or used
20		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used
2 3.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat	(12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
	(2) Toddler seat(3) Convertible seat(4) Booster seat	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used
	(7) Other type child safety seat (specify):	(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	(8) Unknown child safety seat type (9) Unknown if child safety seat used	(99) Unknown if child safety seat used

PSU NUMBER 73

CASE NUMBER 1994

VEHICLE NUMBER 01

OCCUPANT NUMBER 01

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

	ENTIRE FORM			
[]	Page Number (s)			



U.S. Department of Transportation National Highway Traffic Safety Administration

UPDATE FORM



NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

 Primary Sampling Unit Number Case Number — Stratum 	7 <u>3</u> 199A	Driver or Occupant Name:
3. Vehicle Number	<u>ø 1</u> Ø 1	Other Information:
4. Occupant Number	_ <u></u>	(Sanitize this section prior to Update submission.)

	UPD	ATED CASE	INFOR	RIVIATION		
•	INITIAL SUBMISSION	UPDATED INFORMATION			INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	96		OA21.	Air Bag System Availability/Function	1	. —
GV39. Other Drug Specimen Test Type for Driver	<u>\alpha</u>		OA22.	Air Bag System Deployn	nent <u>l</u>	
GV40GV41. Narcotic Drug	ØØ		OA35.	Treatment - Mortality	1	
GV42GV43. Depressant Drug	\$ \$\phi\$		OA36.	Type of Medical Facility (for Initial Treatment)	Ø	
GV44GV45. Stimulant Drug	<u>Ø</u> Ø		OA37.	Hospital Stay	øø	
GV46GV47. Hallucinogen Drug	<u> </u>		OA38.	Working Days Lost	62	
GV48GV49. Cannabinoid Drug	øø		OA39.	Time to Death	Ø I	
GV50GV51. Phencyclidine (PCP)	ØØ		OA40.	1st Medically Reported Cause of Death	99	
GV52GV53. Inhalant Drug	p ø		OA41.	2nd Medically Reported Cause of Death	$\phi \phi$	
GV54GV55. Other Drug (Excluding Nicotin Aspirin, Alcohol,			OA42.	3rd Medically Reported Cause of Death	<u>ø</u>	
Drugs Administere Post-Crash)	80		OA43.	Number of Recorded Injuries for This Occupa	nt 97	01
GV56. Driver's Zip Code GV57. Driver's Race/Ethnic Original Control C	gin <u>1</u>		OA44.	Automatic (Passive) Bel System Availability/Fund		_
OA05. Occupant's Age	79		OA45.	Automatic (Passive) Bel System Use	t <u>Ø</u>	_
OA06. Occupant's Sex OA07. Occupant's Height	69		OA50.	Glasgow Coma Scale (GCS) Score	97	<u> </u>
OA08. Occupant's Weight	175		OA51	Was the Occupant Give	en <u>9</u>	94
OA17. Manual (Active) Belt System Availability	4		OA52.	Arterial Blood Gases (A	BG) 97	<u> </u>
OA18. Manual (Active) Belt System Use	<u> </u>			- нсо ₃	-	

S	TATUS O	F LOG IN.	JURY INFORMATION		
	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status OAL13. Injury Information Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary or		<u> </u>	h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee	B B	
admission/discharge face sheet d. Discharge summary	<u>B</u>		n. Other source (specify):	<u>B</u>	<u>B</u>
e. Operative report	<u>B</u>		o. Police report	<u>B</u>	
f. Radiographic record(s) post ER visit	<u>B</u>		OAL14. Medical Facility Code	1 \$	
 g. History and physical examination and/or consultation records 	<u>B</u>		OIL07. Date Official Medical Data Obtained		
INJU	RY DATA	CODED (ON INITIAL SUBMISSION		

		INJURY DATA CODED ON INITIAL SUBMISSION												
	Source	Body		O.I.CA.I	.S System	A.I.S.	Injury	Injury Source Confidence	Direct/	Occupant Area				
	of Injury Data	Region	Aspect	Lesion	Organ	Severity	Source	Level	Injury	Intrusion No.				
1st	5	6	7	8	9	10	11	12	13	14				
2nd	15	16	17	18	19	20	21	22	23	24				
3rd	25	26	27	28	29	30	31	32	33	34				
4th	35	36	37	38	39	40	41	42	43	44				
5th	45	46	47	48	49	50	51	52	53	54				
6th	55	56	67	58	59	60	61	62	63	64				
7th	65	66	67	68	69	70	71	72	73	74				
8th	75	76	77	78	79	80	81	82	83	84				
9th	85	86	87	88	89	90	91	92	93	94				
10th	95	96	97	98	99	100	101	102	103	104				
11th	105	106	107	108	109	110	111	112	113	114				
12th	115	116	117	118	119	120	121	122	123	124				
13th	125	126	127	128	129	130	131	132	133	134				
14th	135	136	137	138	139	140	141	142	143	144				
15th	145	146	147	148	149	150	151	152	153	154				

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

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INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

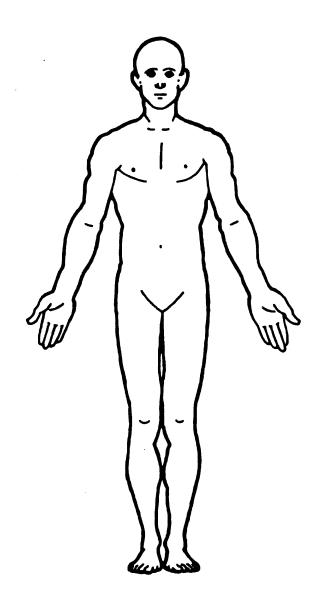
S	Supplement.									
	Source		(D.I.CA.I.S				Injury Source	Direct/	Occupant Area
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level	Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>7</u>	6. <u>C</u>	7. <u>U</u>	8. <u>U</u>	<u>И</u> .е	10. 7	11. 97	12. 9	13.]	14: 99
2nd	15	16	17	18	19	20	21	22	23	24
3rd	25	26	27	28	29	30	31	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	61	52	53	54
6th	55	5 6	57. <u> </u>	58	59	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78. <u>—</u>	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
1 Oth	95	96	97	98	99	100	101	102	103	104

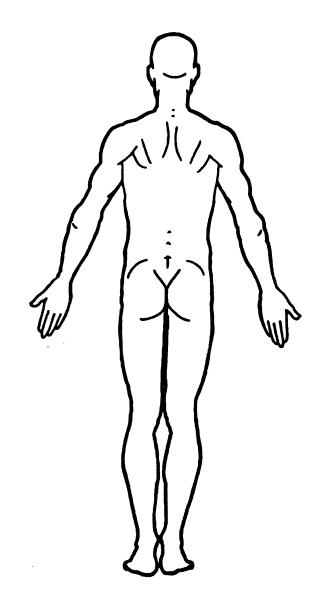
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

	OCCUPANT INJURY DATA												
	Source of Injury Data	Body Region	Aspect	D.I.CA.I.S Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.			
11th			_		_								
12th							-		_				
13th	_	_	_	·				_					
14th	_	_	_		_								
15th		_				_			_				
16th									*******				
17th													
18th								_	_				
19th	any control			**************************************				_	_				
20th		_	***************************************						_				
21st				_				_					
22nd	_							_					
23rd		_											
24th								_					
25th													

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. one or more of the following: (62) Other rear object (specify): OFFICIAL frame, window sill, A-pillar, (1) Autopsy records with or without hospital medical records B-pillar, or roof side rail. (27) Other left side object (specify): EXTERIOR of OCCUPANT'S VEHICLE (2) Hospital medical records other than (65) Hood emergency room (e.g., dishcarge (28) Left side window sill (66) Outside hardware (e.g., outside summary) mirror, antenna) (3) Emergency room records only (including associated X-rays or other lab reports) RIGHT SIDE Other exterior surface or tires (specify): (4) Private physician, walk-in or emergency (30) Right side interior surface, (68) Unknown exterior objects excluding hardware or armrests clinic Right side hardware or armrest (32) Right A piller EXTERIOR OF OTHER MOTOR VEHICLE UNOFFICIAL (33) Right B pillar (70) Front bumper (5) Lay coroner report (34) Other right pillar (specify): (71) Hood edge (6) E.M.S. personnel (72) Other front of vehicle (specify): Interviewee (35) Right side window glass or frame Other source (specify): Right side window glass including (73) Hood one or more of the following: (9) Police (74) Hood omament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (79) Rear surface (O2) Mirror (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (43) Other restraint system component (83) Unknown exterior of other motor vehicle (07) Steering column, transmission selector lever, other attachment (specify): OTHER VEHICLE OR OBJECT IN THE (44) Head restraint system (08) Add on equipment (e.g., CB, tape **ENVIRONMENT** deck, air conditioner) (45) Air bag (09) Left instrument panel and below (46) Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): **NONCONTACT INJURY** of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass (92) Other noncontact injury source steering assembly (driver side only) ROOF (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(93) Air bag exhaust gases (51) Rear header pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL FLOOR (1) Certain LEFT SIDE (56) Floor (including toe pan) Probable (2) (20) Left side interior surface, (57) Floor or console mounted Possible (3) excluding hardware or armrests transmission lever, including (9) Unknown (21) Left side hardware or armrest console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking DIRECT/INDIRECT INJURY (24) Other left pillar (specify): brake (1) Direct contact injury Indirect contact injury (2) (25) Left side window glass or frame REAR Noncontact injury (3) (60) Backlight (rear window) Injured, unknown source (7) OCCUPANT INJURY CLASSIFICATION Aspect of Injury O.I.C. Body Region Fracture (L) Liver Fracture and dislocation (7) (M) Muscles Abdomen Anterior - front (U) Injured, unknown lesion (N) Nervous system Ankle - foot Bilateral (rib fracture only) Laceration Pulmonary-lungs (Q) (B) (P) (C) Central Other Arm (upper) (0) (R) Respiratory **Back-thoracolumbar spine** Inferior - lower (S) Skeletal

Perforation, puncture (C) (C) Chest (U) Injured, unknown aspect (R) Rupture Spinal cord Elbow (L) Left (S) Sprain Spleen (E) (Q) (F) Face (P) Posterior-back m Strain Thyroid, other endocrine **(T)** (R) Forearm (R) Right Total severance, transection gland (E) Head -- skull (S) Superior - upper (V) (H) Vertebrae System/Organ (U) Injured, unknown region (W) Whole region (K) Knee (L) Leg (lower) Lower limbs(s) (who

Detachment, separation

Dislocation

(G)

(D)

Whole body

Wrist - hand

(P)

(S)

m

(X)

(0)

(W)

Knee		Abbreviated Injury Sca	ile
Leg (lower)	Lesion	(W) All systems in region	
Lower limbs(s) (whole or		(A) Arteries – veins (1) Minor injury	
unknown part)	(A) Abrasion	(B) Brain (2) Moderate injury	
Neck - cervical spine	(M) Amputation	(D) Digestive (3) Seriour injury	
Pelvic — hip	(V) Avulsion	(E) Ears (4) Severe injury	
Shoulder	(B) Burn	(O) Eye (5) Critical injury	
Thigh	(K) Concussion	(H) Heart (6) Maximum (untreat	able)
Upper limb(s) (whole or	(C) Contusion	(U) Injured, unknown system (7) Injured, unknown	severity
unknown part)	(N) Crush	(I) Integumentary	

Joints

Kidneys

(J)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

X Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units = _

Aterial Blood Gases

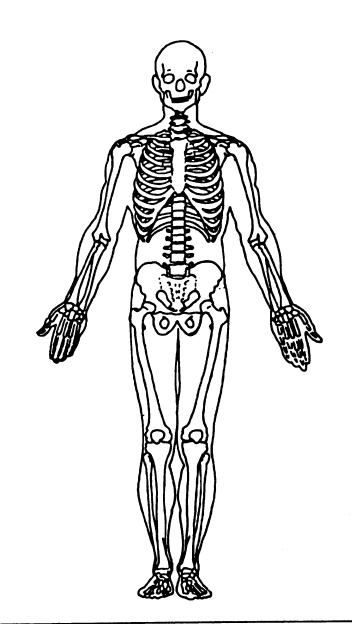
pH =

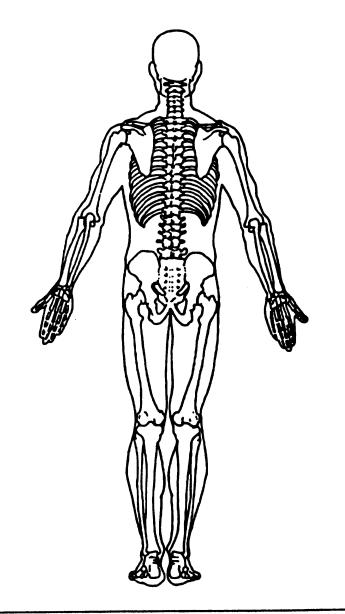
PO₂=

PCO₂

HCO₃ ___

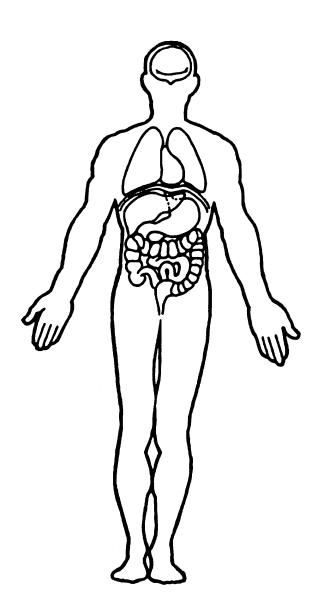
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

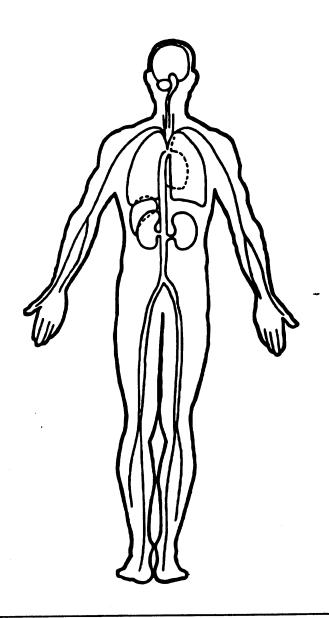




OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form VIDA Page 3

	(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation
	Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify):	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used 31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage
	CHILD SAFETY SEAT	Note: Options below applicable to Variables OA31-OA33.
28.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	(00) No child safety seat Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

OCCUPANT INJURY FORM

O.M.B. No. 2127-0021 NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

73

3. Vehicle Number

<u>Ø</u> 1

2. Case Number - Stratum

1 9 9 A

4. Occupant Number

Ø 2

INJURY DATA-

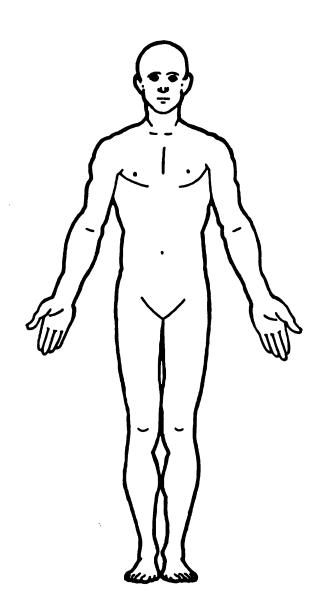
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

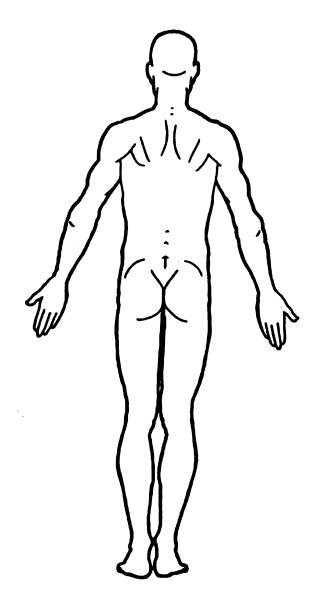
	ter than te			D.I.CA.I.S				Injury Source	Direct/	
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level	Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>7</u>	6. <u>P</u>	7. <u>R</u>	8. <u>D</u>	9. <u>J</u>	103	11. <u>3</u> Ø	12. <u>2</u>	13. 1	14. 9 9
2nd	15. <u>7</u>	16. <u>N</u>	17. <u>P</u>	18. <u>F</u>	19. 5	20.2	21. 9 2	22.	23. 3	24. <u>Ø</u> Ø
3rd	25. <u>7</u>	26. <u>W</u>	27. <u>L</u>	28. <u>F</u>	29. <u>5</u>	30. <u>2</u>	31. <u>9</u> 7	32. <u>9</u>	33. <u>7</u>	34. <u>9</u> 9
4th	з 5 . <u>7</u>	36. <u>F</u>	37. <u>C</u>	38. <u>F</u>	39. <u>5</u>	40. 1	41. 9 9	42	43	44. 99
5th	45. <u>7</u>	46. 0	47. <u>W</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>9</u> 7	52. <u>9</u>	53. <u>7</u>	64. <u>9</u> <u>9</u>
6th	_{ББ.} <u>7</u>	56. <u>K</u>	57. <u>R</u>	58. <u>A</u>	59. <u>T</u>	60. 1	61. <u>Ø 9</u>	62. <u> </u>	63	64. <u>9</u> 9
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

	OCCUPANT INJURY DATA											
	Source			O.I.CA.I.S				Injury				
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
11th			_			_			_			
12th						_						
13th	_					_						
14th					·							
15th	· •								_			
16th	_							********				
17th		_	_			. —			_			
18th		_				******						
19th								·				
20th	•								_			
21st						_						
22nd			_									
23rd		_						-				
24th	_		_						·			
25th	/											

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, (specify): excluding hardware or armrests (68) Unknown exterior objects Right side hardware or armrest UNOFFICIAL (32) Right A pillar **EXTERIOR OF OTHER MOTOR VEHICLE** (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame (36) Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76)Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag ENVIRONMENT (09) Left instrument panel and below (46) Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (specify): Force (15) Windshield including one or more (50) Front header of the following: front header, A-(51) Rear header (93) Air bag exhaust gases piller, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR** LEFT SIDE (1) Certain (56) Floor (including toe pan) (20) Left side interior surface. **Probable** (2) (57) Floor or console mounted excluding hardware or armrests Possible (3) transmission lever, including (21) Left side hardware or armrest console Unknown (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking (24) Other left pillar (specify): **DIRECT/INDIRECT INJURY** brake (1) Direct contact injury (25) Left side window glass or frame REAR Indirect contact injury (3) Noncontact injury (60) Backlight (rear window) Injured, unknown source OCCUPANT INJURY CLASSIFICATION O.I.C. Body Region Aspect of Injury Fracture Liver (Z)Fracture and dislocation (M) Muscles (M) Abdomen Anterior-front (U) Injured, unknown lesion (N) Nervous system (Q) Ankle-foot (B) Bilateral (rib fracture only) 111 Laceration (P) Pulmonary - lungs (A) Arm (upper) (C) Central (0) Other Back-thoracolumbar spine (R) Respiratory (1) Inferior-lower (P) Perforation, puncture (S) Skeletal (C) Chest (U) Injured, unknown aspect (R) Rupture (C) Spinal cord (E) Elbow (L) Left (S) Sprain (F) (Q) Spleen Face (P) Posterior-back m Strain Thyroid, other endocrine m (R) Forearm (R) Right (E) Total severance, transection aland (H) Head-skull (S) Superior-upper (V) Vertebras (U) Injured, unknown region (W) Whole region System/Organ (K) Knee (L) Leg (lower) Abbreviated Injury Scale Lesion (W) All systems in region Lower limbs(s) (whole or (Y) (A) Arteries - veins (1) Minor injury unknown part) (A) Abrasion (B) Brain (N) Moderate injury Neck-cervical spine (2) (M) Amputation (D) Digestive Seriour injury (P) Pelvic - hip (3) (V) Avulsion (F) Ears (4)**(S)** Shoulder Severe injury Burn (B) (0) Eve Critical injury ന (5) (K) Concussion (H) Heart (X) Upper limb(s) (whole or (6)Maximum (untreatable) Contusion (U) Injured, unknown system unknown part) Injured, unknown severity (N) Crush (1) Integumentary Whole body (G) Detachment, separation

(J)

(K)

Dislocation

(W)

Wrist-hand

Joints

Kidneve

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

X Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

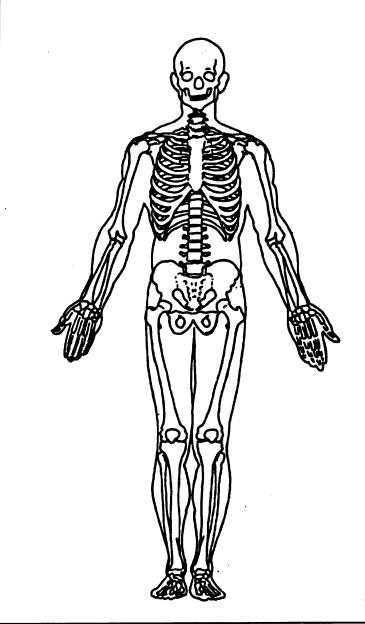
Units =

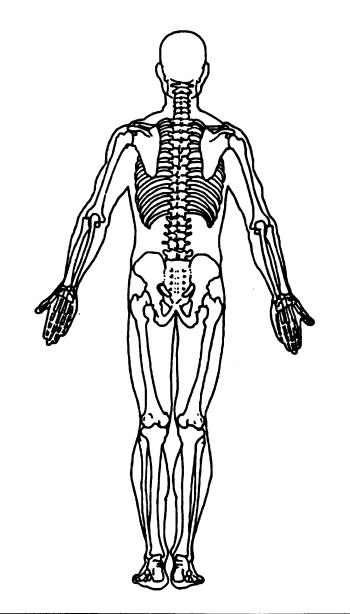
Aterial Blood Gases

 $PO_2 =$ PCO₂

HCO₃

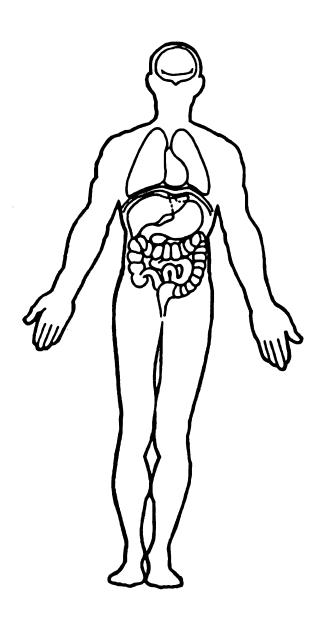
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

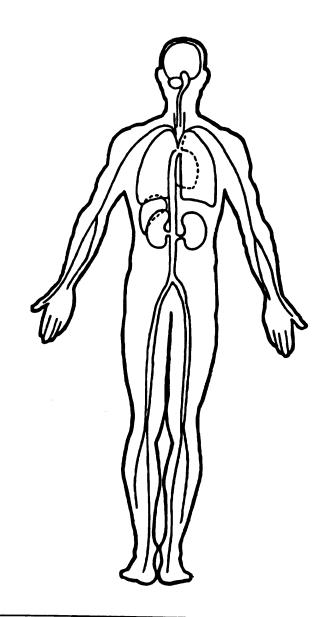




OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation National Highway Traffic Safety

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Administration		
Primary Sampling Unit Number Case Number — Stratum	73 199A	Driver or Occupant Name:
3. Vehicle Number	<u>Ø 1</u>	
4. Occupant Number	<u>\$ 2</u>	Other Information:
		(Sanitize this section prior to Update submission.)

			(Sanitize this section prior to operate submission.)					
	UPD	ATED CASE	INFOR	MATION				
	INITIAL SUBMISSION	UPDATED INFORMATION			INITIAL SUBMISSION	UPDATED INFORMATION		
GV12. Alcohol Test Result Result for Driver	96		OA21.	Air Bag System Availability/Function	ø			
GV39. Other Drug Specimen Test Type for Driver	<u>Ø</u>		OA22.	Air Bag System Deploym				
GV40GV41. Narcotic Drug	ø ø		l	Treatment - Mortality	3	• —		
GV42GV43. Depressant Drug	<u>ø</u> ø		OA36.	Type of Medical Facility (for Initial Treatment)		-		
GV44GV45. Stimulant Drug	ØØ		OA37.	Hospital Stay	エエ			
GV46GV47. Hallucinogen Drug	<u>Ø</u> Ø		OA38.	Working Days Lost	97			
GV48GV49. Cannabinoid Drug	<u>\$ \$</u>			Time to Death	ØØ			
GV50GV51. Phencyclidine (PCP)	<u>φ</u> φ		OA40.	1st Medically Reported Cause of Death	Ø Ø			
GV52GV53: Inhalant Drug	<u> ø</u> ø		OA41.	2nd Medically Reported Cause of Death	ØØ			
GV54GV55. Other Drug (Excluding Nicotine Aspirin, Alcohol, Drugs Administere		,	OA42.	3rd Medically Reported Cause of Death	<u> ø</u>			
Post-Crash)			OA43.	Number of Recorded Injuries for This Occupar	_ <u>ø </u> <u>⊌</u>	12		
GV56. Driver's Zip Code GV57. Driver's Race/Ethnic Orig	in <u> </u>		OA44.	Automatic (Passive) Belt System Availability/Fund				
OA05. Occupant's Age	<u> 7 ø</u>		OA45.	Automatic (Passive) Beli System Use	ø			
OA06. Occupant's Sex OA07. Occupant's Height	<u>2</u> <u>64</u>		OA50.	Glasgow Coma Scale (GCS) Score	<u>ø 2</u>	1 5		
OAO8. Occupant's Weight	<u>عا 3</u>		OA51	Was the Occupant Give	n <u>9</u>	1		
OA17. Manual (Active) Belt System Availability	4		OA52.	Blood? Arterial Blood Gases (Al	3G) _ ø _[
OA18. Manual (Active) Belt System Use	<u>ø 4</u>			- HCO ₃				

STATUS OF LOG INJURY INFORMATION												
	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION							
OAL12. Injury Treatment Status OAL13. Injury Information	3		h. Emergency room records i. Radiographic record(s) associated	<u>B</u>	<u>, i t </u>							
Official a. Autopsy (invasive examination) b. Post-ER medical record which	<u>B</u>		with ER visit j. Private physician	<u>B</u>								
includes information about death based on non-invasive examination			Unofficial k. Lay coroner l. EMS record	<u>B</u>								
c. Admission record/summary or admission/discharge face sheet	<u>B</u>		m. Interviewee n. Other source (specify):	<u>B</u>	<u>B</u>							
d. Discharge summary e. Operative report	<u>B</u>		o. Police report	<u>B</u>	<u>B</u>							
f. Radiographic record(s) post ER visit	<u>B</u>		OAL14. Medical Facility Code	<u>ø8</u>								
g. History and physical examination and/or consultation records	<u>B</u>		OIL07. Date Official Medical Data Obtained		93							

	INJURY DATA CODED ON INITIAL SUBMISSION									
	Source of Injury	Body		O.I.CA.I	.S System	A.I.S.	Injury	Injury Source Confidence	Direct/ Indirect	Occupant Area
	Data	Region	Aspect	Lesion	Organ	Severity	Source	Level	Injury	Intrusion No.
~ 1st	б . <u>7</u>	6. <u>P</u>	7. <u>R</u>	8. <u>D</u>	9. <u>J</u>	10. <u>3</u>	11. <u>3 ø</u>	12. <u>Z</u>	13	14. <u>9</u> 9
~ 2nd	15. <u>7</u>	16. <u>N</u>	17. <u>P</u>	18. <u>F</u>	19. <u>5</u>	20. <u>2</u>	21. <u>9</u> <u>2</u>	22.	23. <u>3</u>	24. <u>Ø Ø</u>
~ 3rd	25. <u>7</u>	26. <u>W</u>	27. <u>L</u>	28. <u>F</u>	29. <u>5</u>	30. <u>2</u>	31. <u>9</u> 7	32. <u>9</u>	33. <u>7</u>	34 . <u>9</u> 9
-4th	35. <u> </u>	36. <u>F</u>	37. <u>C</u>	38. <u>F</u>	39. <u>S</u>	40. <u>l</u>	41. <u>ø 9</u>	42 . <u>2</u>	43. <u> </u>	44. <u>9</u> 9
- 5th	45 . <u>7</u>	460	47. <u>W</u>	48. <u>C</u>	49. <u>I</u>	50	51. <u>9</u> 7	52. <u>9</u>	53 . <u>7</u>	54. <u>9 9</u>
6th	55. <u>7</u>	56. <u>K</u>	57. <u>R</u>	58. <u>A</u>	59. <u>I</u>	60. <u> </u>	61. <u>Ø 9</u>	62	63. <u> </u>	64 . <u>9</u> <u>9</u>
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104
11th	105	106	107	108	109	110	111	112	113	114
12th	115	116	117	118	119	120	121	122	123	124
13th	125	126	127	128	129	130	131	132	133	134
14th	135	136	137	138	139	140	141	142	143	144
15th	145	146	147	148	149	150	151	152	153	154

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA-

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Supplement.										
		O.I.CA.I.S					Injury Source Direct/				
İ	Source of Injury	Body			System	A.I.S.	Injury	Source Confidence	Indirect	Occupant Area	
	Data	Region	Aspect	Lesion	Organ	Severity	Source	Level	Injury	Intrusion No.	
	1st / 5. <u>2</u>	6. <u>F</u>	7. <u>L</u>	8. <u>F</u>	9. <u>S</u>	10. <u>3</u>	11	12. <u>Z</u>	13. 📗	14. <u>9 9</u>	
	2nd 15. <u>2</u>	18. <u>F</u>	17. <u>I</u>	18. <u>F</u>	19. <u>\$</u>	20. <u>3</u>	21.	22. <u>Z</u>	23	24. <u>9 9</u>	
	3rd 25. <u>2</u>	26. <u>C</u>	27. <u>U</u>	28. <u>C</u>	29. <u>p</u>	30. <u>3</u>	31. <u>++</u>	32. <u>2</u>	33	34. <u>4 9</u>	
155 151 300	Cong Cho Gev 3 E Gev 3 4th7 35. 2	36. <u>N</u>	37. <u></u>	38. <u>F</u>	39. <u>S</u>	2 40. <u>2</u>	41. <u>97</u>	42. <u>9</u>	43. 7	44. <u>9 9</u>	
	5th 45. 2	46. <u>N</u>	47. <u>P</u>	48. <u>F</u>	49. <u>S</u>	2 50. <u>3</u>	51. <u>9</u> 7	52. <u>9</u>	53. <u>7</u>	54. <u>99</u>	
	6th 55. 2	56. <u>P</u>	57. <u>R</u>	58. <u>D</u>	59. <u>J</u>	60. <u>3</u>	61. <u>3</u> Ø	62. <u>2</u>	63. <u>\</u>	64. <u>99</u>	
	7th 65. <u>2</u>	66. <u>R</u>	67. <u>L</u>	68. <u>F</u>	69. <u>5</u>	70. <u>3</u>	71. <u>l</u>	72. <u>2</u>	73	74. <u>99</u>	
	8th /75. <u>2</u>										
	9th / 85. <u>1</u>	86. <u>F</u>	87. <u>C</u>	88. <u>F</u>	89. <u>S</u>	90. <u>1</u>	91. <u> </u>	92. <u>2</u>	93. 1	94. <u>9 9</u>	
	_									104. <u>9</u> 9	

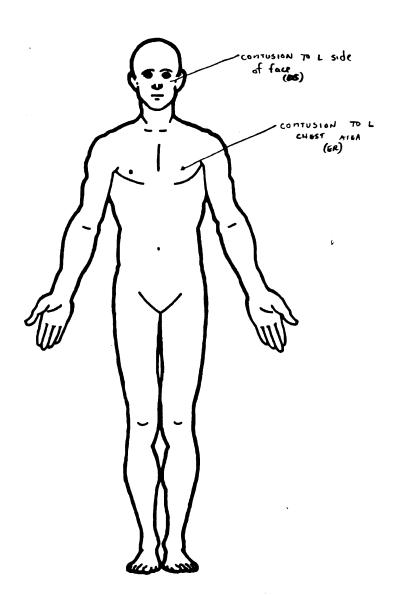
If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

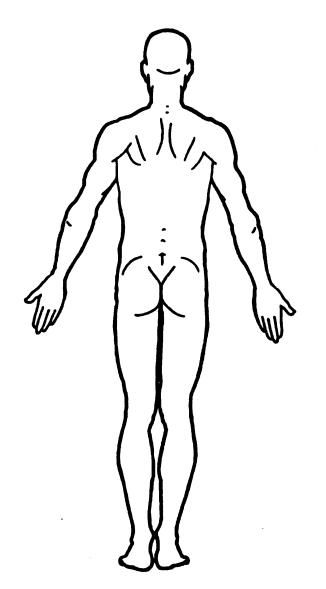
* Several injures may be related to other occupant.

OCCUPANT INJURY DATA										
				0.I.CA.I.S	5	Injury				
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	3	<u>C</u>	L	<u>C</u>	<u>I</u>	_1_	41	2		99
12th	4 11	K	R	A	I	1	1 1	1	_1	99
13th										
14th		******								
15th		_						_		
16th										
17th		_	-							
18th						_			*********	
19th		_				_				
20th	-					<u></u>				
21st		_						_	***************************************	
22nd		_				_			_	
23rd			***************************************			_		_		
24th								_	· <u> </u>	
25 th										

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL' one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood (28) Left side window sill summary) (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, ? (specify): excluding hardware or armrests (68) Unknown exterior objects Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (33) Right B pillar (5) Lay coroner report (70) Front bumper E.M.S. personnel (6) (34) Other right pillar (specify): (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame (36) Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood omament frame, window sill, A piller, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors **FRONT** (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle Other exterior of other motor vehicle (82)(06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46) Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases piller, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR** (1) Certain LEFT SIDE (56) Floor (including toe pan) (20) Left side interior surface, 121 Probable (57) Floor or console mounted (3) **Possible** excluding hardware or armrests transmission lever, including Unknown (21) Left side hardware or armrest console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking **DIRECT/INDIRECT INJURY** (24) Other left pillar (specify): brake (1) Direct contact injury Indirect contact injury (2) (25) Left side window glass or frame REAR Noncontact injury (3) (60) Backlight (rear window) Injured, unknown source **OCCUPANT INJURY CLASSIFICATION** O.I.C. Body Region Aspect of Injury Fracture (L) Liver (Z)

Fracture and dislocation (M) Muscles Abdomen (A) Anterior - front Injured, unknown lesion (N) Nervous system (Q) Ankle-foot Bilateral (rib fracture only)

	1/	7 TIME 1001	(D) District of the macture of the	(L)	Laceration	(P)	ruimonary-lungs
	(A)	Arm (upper)	(C) Central	(0)	Other	(R)	Respiratory
l	(B)	Back-thoracolumbar spine	(i) Inferior—lower	(P)	Perforation, puncture	(S)	Skeletal
ĺ	(C)	Chest	(U) Injured, unknown aspect	(R)	Rupture	(C)	Spinal cord
l	(E)	Elbow	(L) Left	(S)	Sprain	(Q)	Spieen
ı	(F)	Face	(P) Posterior back	m	Strain	m	Thyroid, other endocrine
l	(R)	Forearm	(R) Right	(E)	Total severance, transection	***	gland
ŀ	(H)	Head-skuli	(S) Superior—upper	,_,		(V)	Vertebrae
	(U)	injured, unknown region	(W) Whole region	Sva	tem/Organ	***	75,152,125
	(K)	Knee		- , -		Abb	reviated Injury Scale
	(L)	Leg (lower)	Lesion	(W)	All systems in region		ionated injury could
	(Y)	Lower limbs(s) (whole or		(A)	Arteries — veins	(1)	Minor injury
		unknown part)	(A) Abrasion	(B)	Brain	(2)	Moderate injury
	(N)	Neck-cervical spine	(M) Amoutation	(D)	Digestive	(3)	Seriour injury
	(P)	Pelvic - hip	(V) Avulsion	(E)	Ears	(4)	Severe injury
	(S)	Shoulder	(B) Burn	(0)	Eve	(5)	Critical injury
	(T)	Thigh	(K) Concussion	(H)	Heart	(6)	Maximum (untreatable)
	(X)	Upper limb(s) (whole or	(C) Contusion	(U)	Injured, unknown system	(7)	Injured, unknown severity
		unknown part)	(N) Crush	(0)	Integumentary	. (7)	injured, drikirown severity
	(0)	Whole body	(G) Detachment, separation	· (j)	Joints		
	(W)	Wrist - hand	(D) Dislocation	(K)	Kidnevs		
_			,_,	IN/	LIG16A9		

Kidneys

OFFICIAL INJURY DATA - SKELETAL INJURIES

Restrained?

X No

___ Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

gcss = 15

Units of Blood Given

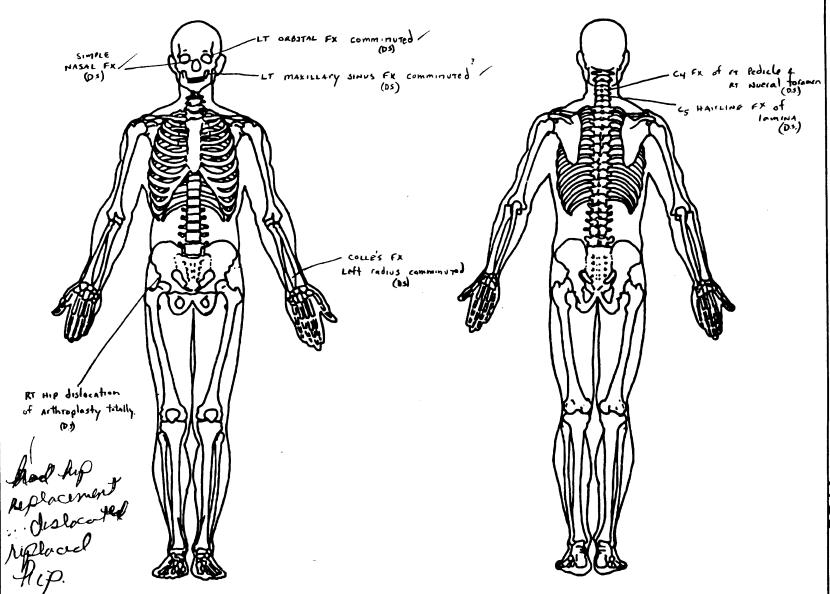
Units = ____

Aterial Blood Gases

PCO₂

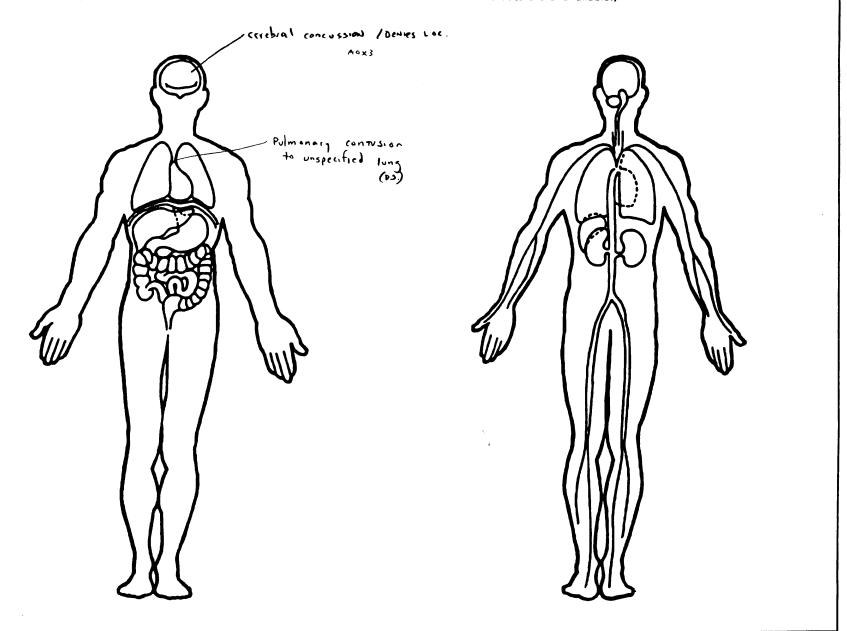
HCO₃





OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

00	CCUPANT RELATED		24. Rollover
16. Driver Present	ce in Vehicle	1	(0) No rollover (no overturning)
(0) Driver not	t present		Pollovor Insimarily about the Inneity district
(1) Driver pre	esent	l	Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only
(9) Unknown	1	İ	(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns
		ł	(2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns
17. Number of O	ccupants This Vehicle		(4) Rollover, 4 or more quarter turns (specify):
(00-96) Code	actual number of occupants		
for this v	vehicle	j	
(97) 97 or mo		1	(5) Rolloverend-over-end (i.e., primarily
(99) Unknow	· · · · · · · · · · · · · · · · · · ·	İ	about the lateral axis)
		1	(9) Rollover (overturn), details unknown
18. Number of O	ccupant Forms Submitted	\	
			OVERRIDE/UNDERRIDE (THIS VEHICLE)
VEH	HICLE WEIGHT ITEMS		25. Front Override/Underride (this Vehicle)
19. Vehicle Curb	Weight	00	
Code w	reight to nearest		26. Rear Override/Underride (this Vehicle)
100 pc	ounds.	1	
(010) Less tl	han 1050 pounds	}	(O) No override/underride, or
	O pounds or more		not an end-to-end impact
(999) Unkno	, v vii	Ì	0.000
Source:		1	Override (see specific CDC)
		1	(1) 1st CDC (2) 2nd CDC
20 1/21 -	. Mai-ba		(2) 2nd CDC (3) Other not automated CDC (specify):
20. Vehicle Cargo	o Weight, reight to nearest	.00	(a) Called flot automated CDC (apeciny).
100 pou			
(00) Less tha	an 50 pounds		Underride (see specific CDC)
(97) 9,650 p	oounds or more		(4) 1st CDC
(99) Unknow	vn		(5) 2nd CDC
	ONCTOLICTION DATA		(6) Other not automated CDC (specify):
REC	ONSTRUCTION DATA		
21. Towed Trailin	ng Unit	_	(7) Medium/heavy truck or bus override
(0) No towed	d unit	<u> </u>	(9) Unknown
	yed trailing unit	1	
(9) Unknown	1	ľ	HEADING ANGLE AT IMPACT FOR
1		Ì	HIGHEST DELTA V
	on of Trajectory Data	ì	
for This Vehic		\	Values: (000)-(359) Code actual value
(0) No		,	(997) Noncollision
(1) Yes		į	(998) Impact with object
1		ļ	(999) Unknown
	Condition of Tree or Pole	ŀ	27 Heading Angle For This Vehicle
(For Highest	Delta V)	1	27. Heading Angle For This Vehicle
	ion (for highest delta V) with	- 1	28. Heading Angle For Other Vehicle
tree or po (1) Not dama		i	
(2) Cracked/s			
(3) Tilted <4	15 degrees		[
(4) Tilted ≥4	15 degrees]
(5) Uprooted			
(6) Separated (7) Pole repla	d pole from base aced		1
(8) Other (sp			
	•		1
(9) Unknown			

Cate-	Configur-			
gory	ation	ACCIDENT TYPES (Includes Intent)		
	A. Right Roadside Departure		ECIFICS HER	06 SPECIFICS UNKNOWN
I. Single Driver	B. Left Roadside Departure		9 ECIFICS HER	10 SPECIFICS UNKNOWN
	C. Forward Impact		ECIFICS HER	16 SPECIFICS UNKNOWN
Trafficway Direction	D Rear-End	23 27 31	CIFICS	(EACH • 33) SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	E Forward Impact	CONTROL/ CONTROL/ AVOID COLLISION AVOID COLLISION TRACTION LOSS TRACTION LOSS WITH VEH. WITH OBJECT	l	SPECIFICS UNKNOWN
	F. Sideswipe Angle	46 (EACH · 48) SPECIFICS OTHER	(EACH SPECIFIC	• 49) s unknown
vay ction	G Head-On	50 51 (EACH • 52) (EACH • 53) SPECIFICS SPECIFICS UNKNOWN		
Same Trafficway Opposite Direction	H Forward Impact	54 55 56 57 58 59 60 CJ CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH. WITH OBJECT		SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	65 (EACH • 66) (EACH • 67) SPECIFICS SPECIFICS UNKNOWN LATERAL MOVE OTHER		
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	(EACH • 74	SPECIFICS UNKNOWN
IV. Change ' Vehicle '	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS	(EACH • 84	SPECIFICS
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	87 (EACH • 90)	(EACH • 91 SPECIFICS U	
VI. Miscel- laneous	M. Backing Etc.	92 93 OTHER VEH. 98 Other Accident T OR OBJECT 99 Unknown Accide VEH. 00 No Impact		

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

OTHER DATA	61. Rollover Initiation Object Contacted
56. Driver's Zip Code	
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown 63. Direction of Initial Roll
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Hearse	 (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA
(8) Fire truck or car (9) Unknown	64. Pre-Event Movement (Prior to
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	Recognition of Critical Event) (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle
59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	 (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation	(98) No driver present (99) Unknown
 (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown 	

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

•	
(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	· · · . · . · . · · · · · · · ·
	(61) Ground
(33) Jackknife	(62) Fire hydrant
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	(00) Onknown fixed object
(44) Lindarkinghi	Calliation with Name and Other
(AE) Decelorment and an exact transfer of	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 4 inches in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 4 inches but ≤ 12 inches in	(88) Other nonfixed object (specify):
diameter)	(oo) Other normixed object (specify):
(52) Pole or post (> 12 inches in diameter)	(90) Halana
	(89) Unknown nonfixed object
(53) Pole or post (diameter unknown)	
45 4) 6 m	(98) Other event (specify):
(54) Concrete traffic barrier	
(55) Impact attenuator	(99) Unknown event or object
(56) Other traffic barrier (includes guardrail)	

(specify):

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

73 1994 02

EXTERIOR VEHICLE FORM

	ENTIRE FORM		
19	Page Number (s)	1-3	

PSU NUMBER 73

CASE NUMBER 199A

VEHICLE NUMBER 02

INTERIOR VEHICLE FORM

	ENTIRE FORM	
[]	PAGE NUMBER (S)	

PSU NUMBER

CASE NUMBER

199A

VEHICLE NUMBER

OCCUPANT NUMBER

Ø2

OCCUPANT ASSESSMENT FORM

[]	ENTIRE FORM	
M	PAGE NUMBER (S)	3

PSU NUMBER

CASE NUMBER

199A

VEHICLE NUMBER

OCCUPANT NUMBER

92

OCCUPANT INJURY FORM

W/	ENTIRE FORM	
[]	PAGE NUMBER (S)	

1

PSU73 CASE 199A 1992 ACCIDENT FORM

IDENTIFICATION

3. Number of General Vehicle Forms Submitted

4. Date of Accident (Month, Day, Year)5. Time of Accident (military time)

0520

SPECIAL STUDIES INDICATORS

6. SS12 0 7. SS13 0 8. SS14 0 9. SS15 0 10. SS16 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 01 01

1992 ACCIDENT FORM

ACCIDENT EVENTS

		H	CCIDEN	NI EV	ENIS		
Accident Sequence Number	Vehicle Number	Class of Vehicle	Dama	a of age	Veh. Num. or Obj. Cont.	Class of Vehicle	Genera ! Area of Damage
012. 01	013. 01	014. 04	015.		016. 02	017. 24	018. F
011 INTRA E	RRORS						
	01***	***** NO ER	RORS +	·***	***** 001		
PSU73 CASE 199 VEHICLE		1992 G	ENERAL	. VEH	ICLE FORM		
VEHICLE ID 4. Model 6. Model 8. VIN	006		i i	5. 7.	Make Body Type	14 04	
	Reported D	isposition ol Presence	1 O		Police Reporte Alcohol Test R		
ACCIDENT R 13. Speed 15. Accide	Limit		55 82	14.	Attempted Avoi	d. Maneuver	01
	Presence i	n Vehicle s Submitted	1 02	17	. No. Occupants	This Venicle	∍ 02
	IGHT ITEMS e Curb Weig	nt	ാ ദ	20	. Vehicle Cargo	Weignt	02
	Trailing Un	it f Tree/Pole	0		. Trajectory ba . Rollover	ta Documented	i 0
		his vehicle) derride		26	. Rear Override	/Underride	0
HEADING AN	GLE AT IMPA	CT FOR HIGHE	ST DEL	TA V			

27. Heading Angle This Vehicle 260 28. Heading Angle Other Vehicle 000

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V (Cont.) 29. Basis for Total Delta V	4
COMPUTER GENERATED DELTA V 30. Total Delta V 31. Longitudinal Component of Delta V 32. Lateral Component of Delta V 33. Energy Absorption 34. Confidence in Reconstruction Program Results 35. Type of Vehicle Inspection	99 99 99 99 0 0
36. Is this an AOPS vehicle?	1

37.	Police Reported Drug Presence	!	0
38.	Police Observation/Perception	Test Type for Driver	0
39.	Other Drug Specimen Test Type	for Driver	0

DRUG EVALUATION CLASSIFICATION / OTHER TEST RESULTS FOR DRIVER

	DEC	Specimen	
	Percept	ion Test Result	s Test Results
Narcotic Drug	40.	O	41. 0
Depressant Drug	42.	O Company	43. 0
Stimulant Drug	44.	O	45. 0
Hallucinogen Drug	46.	O .	47. 0
Cannabinoid Drug	48.	Ö	49. 0
Phencyclidine (PCP)	50.	0	51. O
Inhalant Drug	52.	O	53. 0
Other Drug	54.	O	55 . 0

OTHER DATA 56. Driver's Zip Code 58. Vehicle Special Use	0	57. Driver's Race/Ethnic Origin 1
ROLLOVER DATA		
59. Rollover Initiation Type	0	60. Location of Rollover Initiation O
61. Rollover Initiation	00	62. Location on Vehicle Where Initial O
Object Contacted		Principal Tripping Force Applied
63. Direction of Initial Roll	0	
PRECRASH DATA		
64. Pre-Event Movement	10	65. Initial Critical (Precrash) Event 15
(Prior to Recognition		A manife to the
of Critical Event)		
66. Precrash Stability After	, O	67. Precrash Directional Consequences 0
011		and the second of the second o

. 5073 CASE 199A 1992 OCCUPANT ASSESSMENT FORM

VEHICLE 01 OCCUPANT 01

OCCUPANT'S CHARACTERISTICS

5. Age 79 6. Sex 1 7. Height 69 8. Weight 175 9. Role 1 10. Seat Position 11 11. Posture 0

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0 15. Medium Status 0 16. Entrapment 9

RESTRAINT SYSTEM AND SEAT EVALUATION

1 77	Belt System Availability	4	18	Belt System Use	04
7/*	Deic System Hvallability	-			_
19.	Proper Use of Belt	1	, 20.	Belt Failure Modes During Impact	9
21.	Air Bag Availability	1	22.	Air Bag Deployment	1
	Did Air Bag Fail?	1	24.	Police Reported Restraint Use	4
				•	99
25.	Head Restraint Type/Damage	9	46.	Seat Type	
	by Occupant at this Position				
27.	Seat Performance	Э			

CHILD SAFETY SEAT

28.	Child/Safety Seat Make/Model	000
29.	Type of Child Safety Seat	O
30.	Orientation	OO
31.	Harness	00
32.	Shield	00
33.	Tether	00

INJURY CONSEQUENCES

34.	Severity (Police Rating)	4	35. Treatment - Mortality	1
36.	Type of Med. Facility (Initial)	O	37. Hospital Stay	00
38.	Working Days Lost	62	39. Time to Death	O1

MEDICALLY REPORTED CAUSE OF DEATH

4	v		∪.a	use	# 7	ココ
4	1	_	Cal	150	#2	00

42. Cause #3 00

43. Number of Recorded Injuries 97

AUTOMATIC BELT SYSTEM

,	
44. Automatic (Passive) Belt System Availability/Function	Q
45. Automatic (Passive) Belt System Use	. 0
46. Automatic (Passive) Belt System Type	0
47. Proper Use of Automatic (Passive) Belt System	0
48. Automatic (Passive) Belt System Failure Mode	0
49. Seat Orientation (this Occupant Position)	Э
TRAUMA DATA	
50. Glasgow Coma Scale (GCS) Score 51. Was the Occupant Given Blood? 52. Arterial Blood Gases (ABG) - HCO3 011 INTRA ERRORS	97 9 97
INTER ENRORS	

OHH1281 2 ******* THIS VEHICLE IS INICATED AS HAVING AN AIRBAG

. ***** HH1282 ****** CHECK YOUR DATA AND 1F CORRECT, NOT1FY YOUR ZO

NE ****** HH1283 AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.

01

PSU73 1992 OCCUPANT ASSESSMENT FORM CASE 199A

VEHICLE 01 OCCUPANT 02

OCCUPANT'S CHARACTERISTICS

5. Age 70 6. Sex 2 7. Height 64 8. Weight 136 9. Role 2 10. Seat Position 13 11. Posture 0

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

19. 21. 23.	Belt System Availability Proper Use of Belt Air Bag Availability Did Air Bag Fail? Head Restraint Type/Damage	4 1 0 0	20. 22. 24.	Belt System Use Belt Failure Modes During Impact Air Bag Deployment Police Reported Restraint Use Seat Type	0 4
	Head Restraint Type/Damage	-		Seat Type	99
	by Occupant at this Position				

CHILD SAFETY SEAT

28.	Child/Safety Seat Make/Model	000
29.	Type of Child Safety Seat	O
30.	Orientation	00
31.	Harness	00
32.	Shield	00
33.	Tether	00

INJURY CONSEQUENCES

34. Severity (Police Rating)	3	35. Treatment - Mortality	3
36. Type of Med. Facility (Initial)	1	37. Hospital Stay	14
38. Working Days Lost	97	39. Time to Death	00

MEDICALLY REPORTED CAUSE OF DEATH

40. Cause #1 00

41. Cause #2 00

42. Cause #3 00

43. Number of Recorded Injuries 06

AUTOMATIC BELT SYSTEM

44.	Automatic (Passive) Belt System Availability/Function	0
45.	Automatic (Passive) Belt System Use	O
46.	Automatic (Passive) Belt System Type	Q
47.	Proper Use of Automatic (Passive) Belt System	0
48.	Automatic (Passive) Belt System Failure Mode	0
49.	Seat Orientation (this Occupant Position)	9

TRAUMA DATA

50.	Glasgow Coma Scale (GCS) Score	02
51.	Was the Occupant Given Blood?	9
52.	Arterial Blood Gases (ABG) - HCO3	01
011		

INTRA ERRORS

01******* NO ERRORS *******

001

PSU73 CASE 199A VEHICLE 01 OCCUPANT 02

1992 OCCUPANT INJURY FORM

INJURY DATA

1.j L	ıry		Aspect	Lesion				Confid.	Indir.	Occ. Area Intr. No.
	7	P	R	D	J	3	30	2	1	99
2.	7	N	P'	F	S	2	92	1	3	00
) .	7	W	L	F	S	2	97	9	7	99
١.	7	F	C	F	S	1	၁၅	2	1	99
j .	7	0	W	С	I	1	97	9	7	99
·	7	K	R	Α	I	1	09	1	1	99
	j.		jury Body ta Region . 7 P . 7 N . 7 W . 7 F . 7 O	jury Body ta Region Aspect .7 P R .7 N P .7 W L .7 F C	jury Body ta Region Aspect Lesion .7 P R D .7 N P F .7 W L F .7 F C F .7 O W C	Jury Body System ta Region Aspect Lesion Organ . 7 P R D J . 7 N P F S . 7 W L F S . 7 F C F S . 7 O W C I	Jury Body System A.I.S. ta Region Aspect Lesion Organ Severity .7 P R D J 3 .7 N P F S 2 .7 W L F S 2 .7 F C F S 1 .7 O W C I 1	Jury Body System A.I.S. Injury Region Aspect Lesion Organ Severity Source 7 P R D J 3 30 7 N P F S 2 92 7 W L F S 2 97 7 F C F S 1 09 7 O W C I 1 97	Source Source Sjury Body System A.I.S. Injury Confid. Region Aspect Lesion Organ Severity Source Level 7 P R D J 3 30 2 7 N P F S 2 92 1 7 W L F S 2 97 9 7 F C F S 1 09 2 7 O W C I 1 97 9	Source Dir./ Source Dir./ Source Dir./ Confid. Indir. Source Source Confid. Indir. Source Source Level Injury The Region Aspect Lesion Organ Severity Sour

011

INTRA ERRORS

01******* NO ERRORS *******

001

PSU73

1992 GENERAL VEHICLE FORM

CASE 199A VEHICLE 02

VEHICLE IDENTIFICATION

		21712011			
4.	Model Year	91	5.	Make	82
6.	Model	881	7.	Body Type	68
8.	VIN	99999999			

OFFICIAL RECORDS

9.	Police Reported Disposition	1	10. Police Reported Travel Speed 99)
11.	Police Rep. Alcohol Presence	O	12. Alcohol Test Result for Driver 96	3

ACCIDENT RELATED

13. Speed Limit	55	14. Attempted Avoid. Maneuver 0	Э6
15. Accident Type	83		

OCCUPANT RELATED 16. Driver Presence in Vehicle 18. No. Occupant Forms Submitted	17. No. Occupants This Vehicle	ı
VEHICLE WEIGHT ITEMS 19. Vehicle Curb Weight	20. Vehicle Cargo Weight	
RECONSTRUCTION DATA		
21. Towed Trailing Unit: 23. Post Col. Cond. of Tree/Pole	24. Kollover	
OVERRIDE/UNDERRIDE (this vehicle) 25. Front Override/Underride	26. Rear Override/Underride	
HEADING ANGLE AT IMPACT FOR HIGHEST 27. Heading Angle This Vehicle		е
HEADING ANGLE AT IMPACT FOR HIGHEST 29. Basis for Total Delta V	DELTA V (Cont.)	
COMPUTER GENERATED DELTA V 30. Total Delta V		
31. Longitudinal Component of Delta	V	
32. Lateral Component of Delta V 33. Energy Absorption		
34. Confidence in Reconstruction Pro 35. Type of Vehicle Inspection	gram Results	
36. Is this an AOPS vehicle?		
37. Police Reported Drug Presence 38. Police Observation/Perception Te		
39. Other Drug Specimen Test Type fo	or Driver 0	
DRUG EVALUATION CLASSIFICAT	TION / OTHER TEST RESULTS FOR DRIVER	₹
TOTAL CONTRACTOR OF THE CONTRA	www.ticn/ Smorimon	

		Observation/ ion Test Results	Specimen Test Results
Narcotic Drug	40.	0	41. 0
Depressant Drug	42.	0	43. O
` Stimulant Drug	44.	0	45. 0
Hallucinogen Drug	46.	O	47. 0
Cannabinoid Drug	48.	0	49. O
Phencyclidine (PCP)	50.	o	51. 0
Inhalant Drug	52.	О	53. 0
Other Drug	54.	0	55. O

OTHER DATA 🕴 57. Driver's Race/Ethnic Origin 9. 56. Driver's Zip Code 58. Vehicle Special Use ROLLOVER DATA 60. Location of Rollover Initiation 59. Rollover Initiation Type 62. Location on Vehicle Where Initial 61. Rollover Initiation Principal Tripping Force Applied Object Contacted 63. Direction of Initial Roll PRECRASH DATA 64. Pre-Event Movement 01 65. Initial Critical (Precrash) Event 67 (Prior to Recognition of Critical Event) 66. Precrash Stability After 1 67. Precrash Directional Consequences 9 011 INTRA ERRORS 01******** NO ERRORS ******* 001

INTER ERRORS

01***** NO B

RRORS ********

0

ERROR SUMMARY SCREEN

93

PSU73 CASE 199A CURRENT VERSION: 5.03

FORM NAME	NUMBER OF . DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUM BER CONSISTENT
Accident	0	0	0	Υ
General Vehicle	0	0	0	Υ
Vehicle Exterior	O	0	0	Υ
Vehicle Interior	0	0	0	Υ
Occupant Assesment	0	Q	1	Υ
Occupant Interior	0	0	O	Υ
Total Inter Errors		. 0	o	
Total Case Errors	0	o	1	

03020020000

73199A000000111 925.03000000000020520000000 001730000034635

73199A00010012 925.031000000000104L0224F

5.03 000000000921400604999999999999999999919909655018210202038 73199A01000021

02000000260000499 99 999999001

73199A01000022

5.03 0000000007916917511100000940419111499990000000000004100 73199A01010051

062019900000100000901901

5.03 000000000700007979799 73199A01010161

5.03 0000000007026413621300000040419000499990000000000003311 73199A01020051

4970000000001200000915101

5.03 0000000002FLFS3112199 73199A01020161

5.03 00000000002FIFS3112199 73199A01020261

5.03 0000000002CUCP3412100 73199A01020361

5.03 0000000002NPFS2979799 73199A01020461

5.03 0000000002NPFS2979799 73199A01020561

5.03 0000000002PRDJ3302199 73199A01020661

5.03 0000000002RLFS3112199 73199A01020761

5.03 0000000002HWKB2112199 73199A01020861

5.03 0000000002FCFS1112199 73199A01020961

5.03 0000000002FLCI1112199 73199A01021061

5.03 0000000003CLCI1412100 73199A01021161

73199A01021261 5.03 0000000007KRAI1111199 5.03 000000000918288168999999999999999999996550683 73199A02000021

73199A02000022

016719

00001000000000

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. ***** HH1281 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ****** HH1282 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3. HH1283

OCCUPANT INJURY Vehicle: 1 Occupant: 2

INTRA ERRORS

TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.	
TTOSAS		SEVERITY NI10(n) is greater than 1.	•

ERROR SUMMARY SCREEN

93

PSU73 CASE 199A CURRENT VERSION: 5.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0 \	Y
General Vehicle	, , , , , , , , , , , , , , , , , , ,	Ö	Ö	Υ
Vehicle Exterior	Ö	ō	Ö	Υ
Vehicle Exterior	Ŏ	Ö	0	Υ
	•	Õ	1	Υ
Occupant Assesment Occupant Interior	Ö	ő	i	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	2	

PONE 3

93020020000

73199A00000011 925.04000000000020520000000 001730000034635 73199A00010012 925.041000000000104L0224F 5.04 000000000921400604999999999999999999999919909655018210202038 73199A01000021 02000000260000499 99 999999001 73199A01000022 5.04 00000000079169175111000009404191114999900000000000004100 73199A01010051 062019900000100000901901 5.04 0000000007CUUU7979799 73199A01010161 5.04 0000000007026413621300000040419000499990000000000003311 73199A01020051 497000000001200000915101 73199A01020161 5.04 0000000002FLFS3112199 5.04 0000000002FIFS3112199 73199A01020261 5.04 0000000002CUCP3412100 73199A01020361 5.04 0000000002NPFS2979799 73199A01020461 5.04 0000000002NPFS2979799 73199A01020561 5.04 0000000002PRDJ3302199 73199A01020661 5.04 0000000002RLFS3112199 73199A01020761 5.04 0000000002HWKB2112199 73199A01020861 5.04 0000000002FCFS1112199 73199A01020961 5.04 0000000002FLCI1112199 73199A01021061 5.04 0000000003CLCI1412100 73199A01021161 5.04 0000000007KRAI1111199 73199A01021261 5.04 0000000009182881689999999999999999999199096550683 73199A02000021 00001000000000

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH1281 2 ****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. ***** ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ****** HH1282 AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3. HH1283

OCCUPANT INJURY Vehicle: 1 Occupant: 2

INTRA ERRORS

TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	****
TT0544		INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY Olio(n) is greater than 1.	

PSU73 CASE 199A CURRENT VERSION: 5.04



FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Υ
General Vehicle	Ō	0	0	Υ
Vehicle Exterior	0	0	0	Υ
Vehicle Interior	o o	0	0	Υ
Occupant Assesment	0	O .	1	Υ
Occupant Interior	0	0	1	Υ
Total Inter Errors		, 0	O	
Total Case Errors	0	0	2	

U.S. Department of Transportation

National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary S	ampling Ur	nit Number7	Case Number—Stratum 1 9 9 A
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-4	١	W	APPROACH TO IMPACT VEH #1
5	1	78	impact to FR in SB Left turn lang
6-7		5 <i>6</i> – E	look back shots for Veh #1
8-11	2	N	APPRACH TO IMPACT Veh #2
12	2	S	look back shots veh 2
	:		
		7 700	
<u>-</u>			
			·
		1	

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
	-		

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